

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086258

FILED
Apr 27, 2009
Secretary of State

Entity Name: BRADENTON ANESTHESIA, INC.

Current Principal Place of Business:

1000 NORTH HIATUS ROAD
SUITE 110
PEMBROKE PINES, FL 33026

New Principal Place of Business:

11011 SHERIDAN ST
SUITE 310
COOPER CITY, FL 33026

Current Mailing Address:

1000 NORTH HIATUS ROAD
SUITE 110
PEMBROKE PINES, FL 33026

New Mailing Address:

11011 SHERIDAN ST
SUITE 310
COOPER CITY, FL 33026

FEI Number: 20-3065890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAGER, ROSS
11011 SHERIDAN STREET
SUITE 310
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GORDON, WILLIAM S
Address: 11011 SHERIDAN STREET SUITE 310
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S GORDON

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date